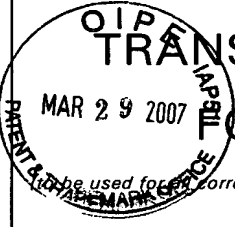


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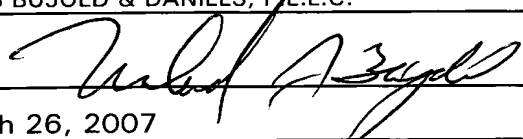
|   |                      |   |
|---|----------------------|---|
|  <p>Use for correspondence after initial filing</p> | Application Number   | 10/531,490  |
|   | Filing Date          | with an effective filing date of October 15, 2003           |
|   | First Named Inventor | Christophe FICHOT, Pierre DELOUME and Jean-Jacques DORRZAPF |
|   | Group Art Unit       | 3641  |
|   | Examiner Name        | David J. Parsley Fax: (571) 273-8300                        |
| Total No. of Pages in this Submission: 13   |                      | Attorney Docket Number NITROF P61AUS                        |

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee attached<br><input checked="" type="checkbox"/> Amendment/Response - 8 pgs.<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>-Postcard;<br>-Request for Continued Examination - 1pg. |
|--|---|---|

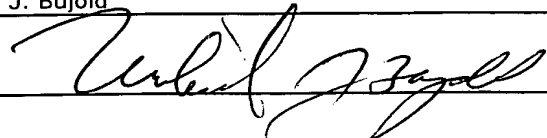
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |  |
|-------------------------|---|--|
| Firm or Individual Name | Michael J. Bujold<br>DAVIS BUJOLD & DANIELS, P.L.L.C.                               | Reg. No. 32,018<br>CUSTOMER NO. 020210 |
| Signature               |  |  |
| Date                    | March 26, 2007  |  |

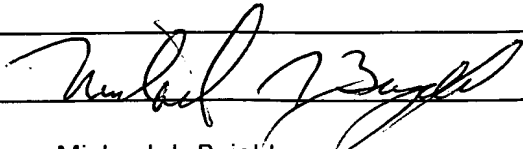
## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 26, 2007

|                      |   |
|----------------------|---|
| Type or printed name | Michael J. Bujold   |
| Signature            |  Date: March 26, 2007 (1) |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <div style="text-align: center;">Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div style="text-align: center;"><b>FREE TRANSMITTAL</b><br/><b>For FY 2006</b></div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div> |   | <b>Complete if Known</b>                          |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|---|---|---|--|-----------------------|---------------|------------------------------------|---------------|------------------|--|----------------|----------|-----------------------|----------|-----------------------|----------|-----------------------|---------|-----|-----|-----|-----|-----|-----|--|--------|-----|-----|-----|----|-----|----|--|-------|-----|-----|-----|-----|-----|----|--|---------|-----|-----|-----|-----|-----|-----|--|-------------|-----|-----|---|---|---|---|--|--|
|   |   | Application No.<br>Filing Date                    | 10/531,490<br>with an effective filing date of<br>October 15, 2003 |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   |   | First Named Inventor<br>Examiner Name<br>Art Unit | Christophe FICHOT, et al.<br>David J. Parsley<br>3641              |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| TOTAL AMOUNT OF PAYMENT: <b>\$ 790.00</b>   |   | Attorney Docket No.                               | NITROF P61AUS  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| METHOD OF PAYMENT (check all that apply)  |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| <input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C</u>   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments<br>under 37 CFR 1.16 and 1.17  |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.  |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| FEE CALCULATION   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | <table border="1" style="width:100%"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table> |   | Application Type   | FILING FEES           |               | SEARCH FEES                        |               | EXAMINATION FEES |  | Fees Paid (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Utility | 300 | 150 | 500 | 250 | 200 | 100 |  | Design | 200 | 100 | 100 | 50 | 130 | 65 |  | Plant | 200 | 100 | 300 | 150 | 160 | 80 |  | Reissue | 300 | 150 | 500 | 250 | 600 | 300 |  | Provisional | 200 | 100 | 0 | 0 | 0 | 0 |  |  |
| Application Type  | FILING FEES   |   |  | SEARCH FEES           |               | EXAMINATION FEES                   |               | Fees Paid (\$)   |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Fee (\$)  | Small Entity Fee (\$)                             | Fee (\$)   | Small Entity Fee (\$) | Fee (\$)      | Small Entity Fee (\$)              |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| Utility   | 300   | 150   | 500  | 250                   | 200           | 100                                |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| Design  | 200   | 100   | 100  | 50                    | 130           | 65                                 |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| Plant   | 200   | 100   | 300  | 150                   | 160           | 80                                 |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| Reissue   | 300   | 150   | 500  | 250                   | 600           | 300                                |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| Provisional   | 200   | 100   | 0  | 0                     | 0             | 0                                  |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| 2.  | EXCESS CLAIM FEES   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Fee Description   |   |  |                       | Fee (\$)      | Small Entity Fee (\$)              |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Each claim over 20 (including Reissues)   |   |  |                       | 50            | 25                                 |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Each independent claim over 3 (including Reissues)  |   |  |                       | 200           | 100                                |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Multiple dependent claims   |   |  |                       | 360           | 180                                |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Total Claims -20 or HP =  |   | Extra Claims   | Fee (\$)              | Fee Paid (\$) | Multiple Dependent Claims Fee (\$) | Fee Paid (\$) |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Indep. Claims -3 or HP +  |   | Extra Claims   | Fee (\$)              | Fee Paid (\$) |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| 3.  | APPLICATION SIZE FEE  |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).           |   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Total Sheets  | Extra Sheets                                      | No. of each additional 50 or fraction thereof                      | Fee (\$)              | Fee Paid (\$) |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | -100 =  | / 50 =  | (round up to a whole number) x                                     |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
| 4.  | OTHER FEE(S)  |   |  |                       |               | Fees Paid (\$)                     |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Non-English Specification, \$130 fee (no small entity discount)   |   |  |                       |               |                                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |
|   | Other (e.g., late filing surcharge): <u>Request for Continued Examination</u>   |   |  |                       |               | <u>\$790.00</u>                    |               |                  |  |                |          |                       |          |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |  |

|                   |   |                                      |                          |
|-------------------|---|--------------------------------------|--------------------------|
| SUBMITTED BY      |   |                                      |                          |
| Signature         |  |                                      | Telephone (603) 226-7490 |
| Name (Print/Type) | Michael J. Bujold   | Registration No. (Atty/Agent) 32,018 | Date: March 26, 2007     |